



**SEVERE ACUTE RESPIRATORY SYNDROME (SARS)
CLINICIAN UPDATE
May 7, 2003**

SUMMARY:

- 1. Clinicians should remain vigilant in detecting new cases of SARS.**
- 2. Transmission has a fomite (contact) component as well as a respiratory (large droplet) component. Strict contact and respiratory precautions should be followed with possible SARS cases.**
- 3. Any healthcare worker that develops pneumonia should notify public health immediately**
- 4. Please continue to report any suspect cases IMMEDIATELY to your local health department or to UDOH 24/7 number (888) EPI-UTAH (374-8824). Public Health is notifying all cases and contacts to help assure appropriate steps are taken to minimize risk of transmission to others.**
- 5. Check the Medical Guidelines (present on the www.health.utah.gov/sars/ web site) for full information on diagnosis, specimen collection, test result interpretation, and infection control measures.**

RECENT QUESTIONS FROM PHYSICIANS:

Q. I have a patient that meets the case definition (measured fever >100.4 and respiratory symptoms), but doesn't have an appropriate travel history and is not known to be a close contact of a SARS case. What do I do?

A. All of the cases in the United States have either:

- 1. A recent travel history to a country that had community transmission of SARS**
- 2. Cared for a SARS patient**
- 3. Lived with or been a close contact to a SARS patient**

Therefore, you can reassure the patient that there is little likelihood that they have SARS. The patient should be evaluated and treated for respiratory illness, including chest x-ray and appropriate blood and microbiological tests. Someday, there may be a first case of SARS in the U.S. without a known exposure, so if you remain suspicious, contact public health.

Q. I have a patient who has recently traveled to Asia. They say that they are well but want a written note indicating that they are not infected with SARS.

A. Many returning travelers are worried when they return. In some cases, their family members, schools, or place of employment may (erroneously) not permit them to return to their normal activities. Healthy travelers do not require any documentation to return to school or work. Reassure your patients that they may resume all normal activities. But also counsel them that if they develop a fever or respiratory symptoms within 10 days of returning from their travel, to stay at home and immediately phone you or their family physician.

Q. I have a patient who has recently traveled to Asia and is now ill. I don't want them to come here and infect my other patients. Can I send them to the emergency room?

A. The most appropriate contact for a patient with a recent travel history to Asia and symptoms is their primary care provider. You should discuss this disease with your staff to ensure that you can safely provide care for your patients and reduce the likelihood of disease exposure.

Health-care personnel who are the first points of contact should be trained to perform SARS screening. In the absence of a systematic screening or triage system, providers taking care of patients in ambulatory care settings should perform such screening before performing other history-taking or examinations.

Because patients who are developing SARS may present initially with only fever or only respiratory symptoms, infection control precautions should be instituted immediately for patients who have either fever or respiratory symptoms and have had close contact with SARS or who have a history of international travel to mainland China, Hong Kong, Singapore, Taiwan, Hanoi, or Toronto. A surgical mask should be placed on such patients early during the triage process until other recommended infection control precautions can be instituted including:

- Standard precautions (e.g., hand hygiene); in addition to routine standard precautions, health-care personnel should wear eye protection for all patient contact.
- Contact precautions (e.g., use of gown and gloves for contact with the patient or their environment)
- Droplet precautions (e.g., use of an N-95 filtering disposable respirator)
- Airborne precautions (e.g., an isolation room with negative pressure relative to the surrounding area and use of an N-95 filtering disposable respirator for persons entering the room). Where respirators are not available, healthcare personnel evaluating and caring for suspect SARS patients should wear a surgical mask.

Q. Our clinic doesn't have a negative pressure or isolation room. Isn't it better if we send suspected cases of SARS directly to the emergency room?

A. Patients can be safely seen in an outpatient setting using gloves, gowns, N-95 disposable filtering respirators, and eye protection. These personal protective equipment resources should be found in all physician's offices and outpatient

clinics. If the patient is found to have compatible symptoms and travel or exposure history, please notify public health immediately. Depending upon the severity of symptoms, the patient will either be sent home or will be hospitalized. Public health will assist you with disease reporting, sample collection, infection control measures, etc. Notify either your local health department or call (888) EPI-UTAH (374-8824) 24/7.

Current information on cleaning and disinfection can be found in the Medical Guidelines document at www.health.utah.gov/epi/sars